Form 5500-SF		Short Form Annual Return/Report of Small Empl Benefit Plan				OMB Nos. 1210-0110 1210-0089			
Internal Revenue Service Department of Labor		This form is required to be filed under sections 104 and 4065 of the Employee R Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the							
Employee Benefits Security Administration Revenue Code (the Code). Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form						Public Inspection			
Part I	Annual Report	Identification Information			0-01.				
For calend	ar plan year 2018 or fis	cal plan year beginning 01/01/2	018	and ending 12/3	31/2018				
A This re	eturn/report is for:	X a single-employer plan	list of participating e	blan (not multiemployer) (Fil mployer information in acco		-			
B This rot	urn/report is	a one-participant plan	a foreign plan						
D This ret	um/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	Irn/report (less than 12 mor	nths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC pr	rogram			
		special extension (enter descr	iption)						
Part II	Basic Plan Info	rmation—enter all requested inf	ormation			1			
1a Name	•	Ý PLLC 401(K)/PROFIT SHARING			1b Three plan	e-digit number			
ASSOCIATE	ES IN DERMATOLOGT	FLLC 401(K)/FKOFTI SHAKING	FLAN		(PN)				
				-	1c Effec	tive date of plan 12/19/1974			
Mailin	g address (include roon	/er, if for a single-employer plan) n, apt., suite no. and street, or P.O			2b Emple (EIN)	Employer Identification Number EIN) 61-1085679			
	ES IN DERMATOLOGY	e, country, and ZIP or foreign posta	ai code (il loreign, see ins		2c Sponsor's telephone number 502-583-1749				
					2d Business code (see instructions)				
LOUISVILLE	IGHURST BLVD SUITE E, KY 40241	: 200				621111			
3a Plan a	administrator's name an	d address 🛛 Same as Plan Spor	nsor.	:	3b Admir	nistrator's EIN			
				:	3c Admir	nistrator's telephone number			
4 If the	name and/or EIN of the	plan sponsor or the plan name ha	as changed since the last	return/report filed for	4b EIN				
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last retur				4d PN					
a Sponsor's name C Plan Name									
5a Total number of participants at the beginning of the plan year					5a	115			
b Total number of participants at the end of the plan year					5b	97			
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)					5c	91			
d(1) Total number of active participants at the beginning of the plan year					5d(1)	92			
d(2) Total number of active participants at the end of the plan year				5d(2)	84				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	4			
Caution:	A penalty for the late of	or incomplete filing of this return	n/report will be assessed	d unless reasonable caus					
SB or Sch	edule MB completed an true, correct, and comp	her penalties set forth in the instructed signed by an enrolled actuary, a selete.	is well as the electronic ve	e examined this return/report, a	and to the	best of my knowledge and			
SIGN Filed with authorized/valid electronic signature. 07/17/2019 AL APPEL									
HERE	Signature of plan ad	dministrator	Date	Enter name of individua	vidual signing as plan administrator				
SIGN	L								
HERE	Signature of employ		Date	Enter name of individua	al signing a	as employer or plan sponsor			
For Paperw	vork Reduction Act Notice	e, see the Instructions for Form 5500	-SF.			Form 5500-SF (2018) v.171027			

 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 							
 C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.) 							
Pa	rt III	Financial Information					
7	Plan A	ssets and Liabilities		(a) Beginning of Year	(b) End	of Year	

a Total plan assets 7a 20367507 19184517 b Total plan liabilities 7b 7c 20367507 19184517 c Net plan assets (subtract line 7b from line 7a) 7c 20367507 19184517 8 Income, Exponse, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 671041 (i) Dense (including collowers) 8a(3) 66100 (j) Other (income (loss) 8b -1453855 c Total income (loss) 8a(3) 62 (j) Other (income (loss) 8b -1453855 (j) Other (anse Ba(1), 6a(2), 6a(3), and 8b) 8c 62 (j) Other (anse Ba(1), 6a(2), 6a(3), and 8b) 8c 62 (j) Other (anse Ba(1), 6a(2), 6a(3), and 8b) 8c 62 (j) Other (anse Ba(1), 6a(2), 6a(3), and 8b) 8d 860815 (j) Other (ansets) 8d 90041 900656 (j) Net income (loss) (subtract line 8h from line 8b, 8b, 8d, and 8b) 900556 11825900 (j) Transfers to (from) the plan (see instructor) 8j -11825900 1182590 (j) Transfers to (from) the plan any participant contributio	7 Plan Assets and Liabilities		(a) Beginning o		(b) End of Year					
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	 9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2A 2R 2F 2T 2J 2K b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Program) b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the plan? (See instructions.) f Has the plan have any participant loans? (If "Yes," enter amount a blackout period? 	tions within voluntary F t? (Do not fidelity bo her person her or all of an? (See instru-	n the time period Fiduciary Correction include transactions nd, that was caused the benefits under the benefits under end.)	n Chara 10a 10b 10c 10d 10e 10f 10g	Yes	No X X X X X X X X	s in the instru	Amount	00	

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Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?						[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13	c(3) PN	۱(s)